

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 756604 (5)

1. Corporation Name

CHAPEL OF THE HOLY FAMILY, ASSOC., INC.

95 FEB 24 AM 11:34

Principal Place of Business: **3385 N. WICKHAM RD. MELBOURNE BEACH FL 32905 US**
Mailing Address: **P. O. BOX 361314 MELBOURNE BEACH FL 32906-1314 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/03/1981**
3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-2885943**
Applied For: Not Applicable

2. Principal Place of Business: **MELBOURNE, FLORIDA**
2a. Mailing Address: **MELBOURNE, FLORIDA**
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. City & State:
25. Zip: Country:

5. Certificate of Status Desired: **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**DEFILLIPS, DONALD J.
503 POINSETTIA RD.
MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOEL, MARY JOAN
STREET ADDRESS	997 SYCAMORE DR.
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	SD
NAME	DEFILLIPS, RAYMOND F
STREET ADDRESS	155 RICHARDS RD
CITY-ST-ZIP	MELBOURNE BEACH, FL00000
TITLE	PD
NAME	DEFILLIPS, DONALD J.
STREET ADDRESS	503 POINSETTIA RD.
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	VD
NAME	SUTLY, JOSEPH C.
STREET ADDRESS	520 RIVERA W.
CITY-ST-ZIP	INDIALANTIC FL
TITLE	TD
NAME	MC MULLEN, BARBARA
STREET ADDRESS	2752 CHOCTAW DRIVE
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Donald J. DeFillips* (DONALD J. DEFILLIPS) - President Feb 7, 1995 407-723-8343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #